

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawallethics.org
Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

THIS SPACE FOR OFFICE USE ONLY

13 FEB -4 P12:55

LOBBYIST REGISTRATION FOR METHICS COMMISSION (Type or Print Clearly)

PART I LOBBYIST NAME (Last) (elbbiM) TELEPHONE (First) Lyons Timothy Ĺ. (808) 537-4308 MAILING ADDRESS (Street) FAX (808) 533-2739 1188 Bishop St., Ste. 1003 **EMAIL** timlyons@hawailantel.net (City) (Zip Code) (State) Honolulu HI 96813-3304 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** TLC-The Legislative Center (808) 537-4308 MAILING ADDRESS (Street) FAX (808) 533-2739 1188 Bishop St., Ste. 1003 EMAIL timiyons@hawaiiantel.net (City) (Zip Code) (State) Honolulu Н 96813-3304

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Society of Certified Public Accountants		TELEPHONE 808-537-9475
P.O. Box 1754		EMAIL kathycastillo@hscpa.org
(City)	(State)	(Zip Code)
Honolulu	HI	96806 •
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Timothy L. Lyons		(808)537-4308
MAILING ADDRESS (Street)		FAX (808)533-2739
1188 Bishop St., Ste. 1003		EMAIL timlyons@hawafiantel.net
(City)	(State)	(Zip Code)
Honolulu	Н	96813-3304
<u> </u>	·	

LREG 09/2009

Page 1 of 2

RECEIVED BY U.S. MAIL

PM-2/1/2013

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☑ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawallan Affairs	☐ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct, and complete.					
X 1/18/13					
(Signature of Lobbyist) (Date)					
	→				
PART V AUTHORIZAT	TION TO LOBBY		***		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Kathy Castillo	Executive Director				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Hawaii Society of Certified Public Accountants			808-537-9475		
MAILING ADDRESS (Street)			FAX 808-537-3520		
P.O. Box 1754			EMAIL kathycastillo@hscpa.org		
(City)	(State)		(Zip Code)		
Honolulu	H!		96806		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Harary Critillo			1/16/2013		
(Signature of Authorizing Officer or Person Represented)			(Date)		